

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 0 9

2. STATE:

Vermont

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

7/1/2001

REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR § 440.70

7. FEDERAL BUDGET IMPACT:

a. FFY 02 \$ 157,250

b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

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9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

None

10. SUBJECT OF AMENDMENT:

Addition of Home Health Medical Social Worker as a Medicaid Reimbursable service

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

M. Jane Kitchel

14. TITLE:

Secretary, Agency of Human Services

15. DATE SUBMITTED:

July 18, 2001

16. RETURN TO:

Roxanne Doty  
Department of Prevention, Assistance,  
Transition, and Health Access  
Planning and Evaluation Division  
103 South Main Street  
Waterbury VT 05671-1201

## FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

7/19/01

18. DATE APPROVED:

August 28, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Ronald Preston

22. TITLE:

Associate Regional Administrator, DMSO

23. REMARKS:

*Official*

TITLE XIX  
State: VERMONT

Attachment 3.1-A  
Page 3e (2)

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ITEM 7. HOME HEALTH SERVICES (continued)

Home health services are listed to those required on an intermittent basis.  
Covered home health services under this Plan are those that are provided by the staff of a Medicare certified and Medicare participating home health agency or visiting nurse association.

- e) Medical Social Worker services are covered when provided within the scope and under the rules established by the federal Medicare program.

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TN# 01-009  
Supercedes  
TN# None

Effective Date: 7/1/01

Approval Date: 8/28/01